

In the United States District Court of Delaware

Harry L. Samuel

Plaintiff,

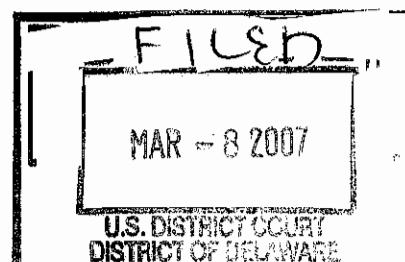
v.

C.A. No. 05-037-SLR

First Correctional Medical (FCM)

Plaintiff Answering Brief / RePLY and or Response to Defendant First Correctional Medical Motion for Summary Judgment D.I. 115. Plaintiff Moves this Honorable U.S. District of Delaware to Denie Defendant First Correctional Medical Motion for Summary judgment and grant Plaintiff Samuel, civil rights ComPlainT.

1. Plaintiff is an inmate at the Delaware Correctional Center serving a 98 Year Sentence.
2. Defendant FCM was the health care Provider for the Delaware Correctional Center from the relevant time fram claimed in ComPlainT from the beginning of September, 2004 to June 30, 2005. at the time of Plaintiff incarceration
3. Plaintiff filed for appointment of counsel and his ComPlainT on January 25, 2005. D.I. 2, as FCM was the Dental Provider (Dental Service). Plaintiff filed an amended ComPlainT against FCM on October 31, 2005. D.I. 34.
4. In Plaintiff ComPlainT, Plaintiff Claim cruel and unusual
  - (a) Punishment (8th amendment), Denial/Long Delay in dental treatment, Pain and Suffering in regard to FCM, Delayed filling Plaintiff tooth for a 8 to 9 month delay for non-medical reasons with evidence Deliberate Indifferene.
  - (b) In Plaintiff ComPlainT, Plaintiff Claim cruel and unusual Punishment (8th amendment) Pain and suffering for Pain and suffering Plaintiff receive to Plaintiff wrist, hand and shoulder while being forced to be hand cuffed in the Dental Chair during Treatment.



5. There is liability on FCM for Civil rights (Prisoner's) claims

- (a) in regard to Inadequate Medical Care for a long Delay in filling Plaintiff tooth with evidence Deliberate Indifference.

Plaintiff was examined by FCM Dentist TK Kionke on 11-2-04, TK Kionke warned Plaintiff fillings take 8 to 9 months to fill Plaintiff tooth see Medical Grievance Report A-19, Page 2 of 2 (Exhibit A-19).

- (b) Plaintiff requested Discovery of Personal involvement in Plaintiff Discovery request number 5 (Motion to Compel granted)

Plaintiff requested Dates with all names, titles and duty of all FCM Staff that responded to, examined, Treated, Filled Plaintiff tooth from the relevant time fram of the claim in the January 25, 2005 and October 31, 2005 Complaint (with other Submiss\$ions).

- (c) As to Plaintiff Pain and suffering for Pain and suffering Plaintiff receive from injuries to Plaintiff hand, wrist, and shoulder from being handcuff during Dental Treatment on which Defendant FCM relie on a slip and fall, Hyson v. Correctional Medical Services (FCM exhibit -1 of Motion for Summary Judgement). Plaintiff claim Pain and suffering, as FCM Dentist TK Kionke contributed in causing injuries, and Pain and suffering to Plaintiff hand, wrist and shoulder by treating/Examining Plaintiff while Plaintiff was hand cuffed in the rear ~~In~~ the dental chair during Treatment.

- 6. To the extent that Plaintiff had Pain in Plaintiff tooth and Plaintiff needed treatment/filling to Plaintiff tooth. FCM was Deliberate Indifferent to Plaintiff Serious medical need there after Plaintiff claim inadequate medical treatment, Federal actions and Proceedings do not require application of Delaware's medical malpractice statute in Prisoner's suit alleging inadequate medical treatment. U.S.C.A. Const. Amend. 8; 18 Del. C. § 6853. Miller v. Correctional Medical Systems, Inc., 1992, 802 F. Supp. 1126.

- 7. The Clerk or Prothonotary correctly accepted Plaintiff Inadequate medical, 8th amendment Complaint (1983 claim).

8. It is supported by the record that Plaintiff exhausted  
 (a) all administrative remedies. Plaintiff filed SICK CALL  
 SLIP(s) Complaining of pain in Plaintiff tooth and a big hole in  
 Plaintiff tooth thereafter Plaintiff filed a Medical Grievance  
 and a appeal. (exhibited)
- (b) In regard to Plaintiff injuries, Pain and suffering during  
 dental Treatment while cuffed in the rear. Plaintiff was  
 told by D.C.C. Staff Counselor Kramer and citing D.C.C.  
 grievance manual which states Classification and  
 Disciplinary cannot be grievance therefore Plaintiff  
 appeal but Plaintiff did not receive a response to  
 Plaintiff Appeal Complaint exhibit A-15.
9. Under these legal standards Plaintiff submits that  
 defendant FCM dismissal is not warranted because  
 Plaintiff Complaint state a Inadequate medical/Dental  
 8th amendment, 1983 Claim against FCM upon which relief  
 could be recovered.
10. Plaintiff, has named FCM as a defendant in this matter. However,  
 Plaintiff has submitted sick call slip with signature SAW and  
 Medical Grievance to identify and serve individual who is  
 responsible for the Inadequate Medical/Dental Care in Plaintiff  
 Complaint. Dentist KionKe warn Plaintiff it take 8+9 months  
 to fill Plaintiff tooth. Plaintiff has file Motion to Compel for  
 Personal involvement for individual who is responsible for the 8 to 9  
 month Delay which FCM fail to give Plaintiff. Plaintiff, Dis-  
 covery request number 5 which request individuals dates with  
 all names, titles and duty of all FCM that responded to, examined,  
 Treated, filled Plaintiff tooth in regard to the matter and time  
 indispute. Plaintiff move the U.S. District court to Compel Discovery  
 in regard to FCM Staff member who is responsible for the 8 to 9  
 month Delay in Plaintiff Dental Treatment / filling(s). There is  
 liability for 1983 civil Prisoner's Rights actions, so Plaintiff,  
 Complaint state a claim of cruel and unusual Punishment  
 under the 8th amendment Violation for Denial and or lengthy  
 Delay in Plaintiff Samuel, Dental Treatment which cause  
 undue Pain and suffering with Deliberate Indifference against  
 FCM.

11. Federal actions and Proceedings do not require application of Delaware medical malpractice/negligence statute in Prisoner's suit alleging inadequate medical treatment. U.S.C.A. Const. Amend. 8; 18 Del.C. § 6853, Miller v. Correctional Medical Systems, Inc., 1992, 802 F. Supp. 1126. As such Plaintiff Federal U.S. District Court law claims must be allowed to proceed as a matter of law.

12. Plaintiff had 4 claims in Plaintiff complaint, Classification,  
 (a) Conditions (pillow, toilet, brush) and handcuff during Treatment. as Plaintiff asserts in Plaintiff initial Complaint that Plaintiff did not file a grievance this assertion is in regard to Classification because Classification can not be grievance. The conditions claim and handcuff during Treatment claim Plaintiff file in part as Disciplinary because Plaintiff was wrongfully placed in Maximum a Disciplinary setting which disciplinary can't be grievance. which these 3 claim already been dismissed.

(b) Plaintiff Dental Claim of being forced to wait 8 to 9 month long delay to have Plaintiff tooth treated/filled. Plaintiff did assert in Plaintiff initial Complaint evidence that Plaintiff did file a Grievance and an appeal regarding Plaintiff Dental Claim filling and 8 to 9 month delay and sick call slip complaining of pain. Therefore, by Plaintiff own evidence submissions, Plaintiff establish that the administrative process was complete and thus, Plaintiff exhausted all administrative remedies. In regard to Plaintiff Amended Complaint and mentioning filing a grievance. Plaintiff already submitted evidence (a Grievance) with Plaintiff original Complaint and the Amended Complaint is in addition to the initial Complaint. Also the record supports a grievance to the Amended Complaint. In the presence of Plaintiff proof of Plaintiff exhaustion of all administrative remedies, Plaintiff's Complaint must be allowed to proceed.

#### Conclusion

For the above reasons, the Plaintiff respectfully requests that FCM Motion for Summary Judgment be dismissed and allow Plaintiff claim(s) against FCM to proceed.

Respectfully submitted  
 Harry L. Samuel, Pro se

Date 3-6-2007

*21/9/04*

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER  
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

Harry Samuel

Name (Print)

21 B 9 L

Housing Location

8-17-62

Date of Birth

00 201360

SBI Number

9-3-04

Date Submitted

Complaint (What type of problem are you having)? my tooth is chipped or the filling came out. If its not filled soon I will loose my tooth  
I have pain and cant sleep

Harry Samuel

Inmate Signature

9-3-04

Date

**The below area is for medical use only. Please do not write any further.**

S:

See Dr 11/04 P.M.

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

D00016

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER  
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

Harry Samuel

Name (Print)

8-17-62

Date of Birth

MHU/MAX 21 B 9 L

Housing Location

00201360

SBI Number

10-2-04

Date Submitted

Complaint (What type of problem are you having)? my filling came out and I have a large hole in my back tooth. I need to see dentist to get my tooth filled.

This is my third attempt its been a month now.

Harry Samuel

Inmate Signature

10-2-04

Date

The below area is for medical use only. Please do not write any further.

S:

**RECEIVED OCT 05 2004**

Seen 10/7/04 PWD

O:

Temp: \_\_\_\_\_

Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Harry Samuel

Name (Print)

8-17-62

Date of Birth

19634

21D46

Housing Location

00201360

SBI Number

6-9-05

Date Submitted

Complaint (What type of problem are you having)? my tooth filling came out 9 months ago and my tooth need to be filled and my teeth need to be even up with Braces.

This is my 6<sup>th</sup> attempt to get treatment and its over 9 months and no treatment yet.

Harry Samuel

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

Already

P:

Scheduled

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

Exhibit 27 (27)  
© 2001 DEP

FORM #584Medical GRIEVANCE FORMFACILITY: D.C.C.DATE: OCT. 7 2004GRIEVANT'S NAME: Harry SamuelSBI#: 00201360

CASE#:

TIME OF INCIDENT: Sept 5, 2004HOUSING UNIT: 21 B 9 L

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I requested to get treatment from the dentist by putting a sick call slip (form) in the Sick Call box on Sept. 7, 2004. Sgt. Sullivan gave me the Sick Call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is my filling is out and I got a big hole in my tooth if not treated I will lose my tooth. Also the warden gave a letter to have braces to fix my front teeth its been years the dentist didn't call me. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month (since my request (sick call was put in). The dentist assistant seen me after a month but no treatment now it been another month and no treatment.

ACTION REQUESTED BY GRIEVANT: To have my tooth fill in by the dentist soon before I lose my tooth and to have my front tooth treated like the warden said he notified the dentist supervisor to take action.

GRIEVANT'S SIGNATURE: Harry SamuelDATE: OCT. 7, 2004WAS AN INFORMAL RESOLUTION ACCEPTED?        (YES)        (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE:                         DATE:                         

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE  
GRIEVANT

April '97 REV

Exhibit - 27

Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No: 302-653-9261

## GRIEVANCE REPORT

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004.	Category : Individual
Status : Resolved	Resolution Status : Level 3	Resol. Date : 06/22/2005
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bidg 21, Upper, Tier D, Cell 6, Bottom	

### OFFENDER GRIEVANCE DETAILS

**Description of Complaint:** I requested to get treatment from the dentist by putting a sick call slip in the sick call box on 9/7/04. Sgt. Sullivan gave me sick call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is filling is out and I got a big hole in my tooth if not treated I will lose my tooth. 2. Also warden forware a letter to have braces to fix my front teeth. It's been years the dentist didn't call yet. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month sence my request. The dentist assistant seen me after a month but no treatment now it been another month and no treatment.

**Remedy Requested :** To have my tooth fill in by the dentist soon before I loose my tooth and have to have my front teeth braced like warden said he notified the dentist supervisor to take action.

### INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

### ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES

Date Received by Medical Unit : 10/22/2004

Investigation Sent : 10/22/2004

Investigation Sent To : Wolken, Gina

Grievance Amount :

Exhibit 22

Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

## INFORMAL RESOLUTION

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg 21, Upper, Tier D, Cell 6, Bottom	

### INFORMAL RESOLUTION

Investigator Name : Wolken, Gina

Date of Report 10/22/2004

Investigation Report : Patient does not want to sign off until he gets the treatment. Warned him filling take 8-9 months.

Reason for Referring:

Offender's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Witness (Officer) : \_\_\_\_\_

Smyrna Landing Road  
SMYRNA, DE, 19977  
Phone No. 302-653-9261

## GRIEVANCE INFORMATION - IGC

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

IGC

Medical Provider: Date Assigned

Comments:

Forward to MGC

Warden Notified

Forward to RGC

Date Forwarded to RGC/MGC : 12/03/2004

Offender Signature Captured

Date Offender Signed :

Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

## GRIEVANCE INFORMATION - Appeal

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

### APPEAL REQUEST

No appeal returned

### REMEDY REQUEST

Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

## GRIEVANCE INFORMATION - BGO

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

### REFERRED TO

Due Date : Referred to: Name:

Type of Information Requested :

### DECISION

Date Received : 02/22/2005

Decision Date : 03/17/2005      Vote : Uphold

### Comments

I recommend that FCM resolve the dental services availability problem; inordinate delays lead to more serious and expanding medical related issues, as well as higher costs. An 8-to9 month wait for tooth repair is unacceptable.

SMYRNA Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

## GRIEVANCE INFORMATION - Bureau Chief

OFFENDER GRIEVANCE INFORMATION			
Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC	
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual	
Status : Resolved	Resolution Status : Level 3	Inmate Status :	
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :	
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom		
DECISION			
Decision Date: 06/20/2005	Vote : Uphold		
Comments :			
I concur with the recommendation of the BGO.			

## GRIEVANCE INFORMATION - MGC

### OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	
	MGC	

Date Received : 12/03/2004

Date of Recommendation: 02/18/2005

### GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Munson, Amy	Deny
Staff		Lyons, April	Deny
Staff		Rickards, Suesann	Deny
Staff		Merson, Lise M	Abstain

### VOTE COUNT

Uphold : 0

Deny : 3

Abstain : 1

### TIE BREAKER

Person Type	SBI #	Name	Vote

### RECOMMENDATION

Hearing held 2/15/05

You were seen by the dentist and are on the waiting list for a filling.

Appeal form provided.

DEPARTMENT OF CORRECTION  
Bureau of Prisons  
245 McKee Road  
Dover, Delaware 19904

June 20, 2005

Inmate SAMUEL HARRY L  
SBI # 00201360  
DCC Delaware Correctional Center  
SMYRNA DE, 19977

21 DU-6

Dear HARRY SAMUEL:

We have reviewed your Grievance Case # 7953 dated 10/07/2004.

Based upon the documentation presented for our review, we uphold your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Paul W. Howard  
Bureau Chief

Exhibit 21

for the District of Delaware

Harry Samuel

Plaintiff,

Civ. No. 05-037-SLR

v.

Thomas Carroll  
et al.

RE: Dental Services

To Judge Sue L. Robinson.

On 9-7-2005, The Dentist filled my tooth.

The Dentist said plaque developed around the tooth,  
and eat some of the bone away that hold the tooth.

I was next schedual for treatment to clean my tooth  
(teeth). I explained to the Dentist that the Warden had  
forwarded a letter to the Dentist to take action on getting  
my teeth (tooth) straight. (see two letters from Thomas  
the warden dated November 20, 2001 and November October  
26, 2001). I bit my lip and it is hard to talk the way my  
tooth grow back. I was charged \$4.00 dollars for the  
filling see Delaware Department of Correction Health  
Care Services Fee Sheet. I don't think I should have  
to pay because the Tax payers already payed for me  
to have Dental, Medical, etc. to be housed in prison.

Inmate:

Harry J. Samuel  
S.B.I. #201360

Delaware Correctional Center

**Delaware Department of Correction  
Health Care Services Fee Sheet**

---

Inmate Name Harry Samuel SBI # 00201360  
(Last, First MI)

Facility DCC Date 9-7-2005

<input checked="" type="checkbox"/> Chargeable Visit	\$4.00
<input type="checkbox"/> Non Chargeable Visit	-0-
<input type="checkbox"/> Medication Handling Fee (\$2.00 X _____)	\$ _____
<b>Total Amount Charged To Inmate Account</b>	
<b>\$ 4.00</b>	

Health Care Staff Signature: /

---

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: Harry Samuel Date: \_\_\_\_\_

1) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2) \*Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by \_\_\_\_\_ Date \_\_\_\_\_

Copy: Inmate Medical Record (yellow)  
Inmate (pink)

\*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

(C:Copay 96:Form.4)

*Dintist + Kathy*  
*Filled tooth, July 1, 2005*  
*beginning of September*  
*2005. (CMS)*

**INTERDISCIPLINARY PROGRESS NOTES**

DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE				
1/4 05	1200	MH	<p>(5) Mr. Harry Samuel was seen by mental health per his request. He reported that he has been housed in the MHU/SHU for 4 years due to write ups.</p> <p>(6) He presented with soft speech and good eye contact. He was A, ox 3 and displayed appropriate mood &amp; affect. No suicidal ideas and no V/A hallucinations during the interview.</p> <p>(7) Stable at this time but appeared to be in need of counseling from a correctional counselor concerning classification issues.</p> <p>(8) Inmate will contact his correctional counselor. Inmate will contact mental health as needed.</p> <p style="text-align: right;">Samuel Farwell, M.S.</p>				
			D00011				
NAME-Last			First	Middle	Attending Physician	Record No.	Room/Bed
Samuel			Harry			201360	

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**  
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

<u>Harry Samuel</u>	<u>23,C,1,U</u>
Name (Print)	Housing Location
<u>8-17-62</u>	<u>201360</u>
Date of Birth	SBI Number
	<u>9 - - 05</u>
	Date Submitted

Complaint (What type of problem are you having)? on about 9-7-04 I was put in Max at which time 9-7-04 I requested Dental Care. on 11-2-04 I was handcuffed behinded my back during Dental Treatment with TK KianKe the handcuffs and being handcuffed behind my back gave me injuries and pain to my hand, rist, and shoulder I need to see Doctor it got worst.

Harry L. Samuel

Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

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O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

---



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A:

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P:

---



---

E:

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Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

Exhibit - 26

**PHYSICIAN'S ORDER SHEET**

ORDERS

START

7 Year old R. Head  
AD DCO to 5th floor

Nstd: R. Pajewski LPN  
12/30/02 1430

NAME \_\_\_\_\_  
ALLERGIES \_\_\_\_\_

JANET, MARY

ID 201360 DOB \_\_\_\_\_

START NEW ORDERS BELOW

START

*Note: CXR - (+) PPO Annual*

PROVIDER SIGNATURE

START NEW ORDERS BELOW

START

Nurse Protocol 10/5/05

- Motrin 600mg, 20 tabs x 1 box  
as needed for pain to  
(R) shoulder & (L) wrist

Return to sick call if pain  
- continues

D00004

PROVIDER SIGNATURE

**PHYSICIAN'S ORDERS**

In the United States District court  
District of Delaware

Harry Samuel  
Plaintiff

v.

Civ. No. 05-037-SLR

Thomas Carroll (Warden)  
and et al  
Dental Service

RE: Being handcuffed during Dental  
Treatment and Pain and Suffering

Plaintiff Samuel Submit that after waiting a while to see if the pain and injuries I got from being handcuff behind my back during dental Treatment would go away the pain and injuries I suffered in my hand, wrist and shoulder did not go away.

Therefore I put in a sick call to see the Doctor about my pain and my injuries to my hand, wrist and shoulder (See exhibit -26 Medical/Dental Sick Call).

On 10-5-2005 the nurse call to see me about my sick call slip I put in (exhibit -26) By taking me to the nurse/Doctor office and examin me. I explained to nurse Dan ye that I have pain in my hand, wrist and shoulder and injuries to my wrist and shoulder. I explained to the nurse that it feels like something is broke in shoulder and the pain and injuries is where I can't exercise because when I put pressure from exercising the pain gets worst. The <sup>nurse</sup> then instructed me stop exercising, and gave me a Box of Pain Reliever, and a container (cup) of muscle cream and instructed to put a warm towel on my hand, wrist and shoulder the nurse said I may have pinched a nerve.

← Pain reliever nurse gave me.

24 Tablets

NDC # 47682-100-64



Pain Reliever / Fever Reducer  
Easy to Swallow Film Coated Tablets  
Compares Active Ingredients to Advil®

© 2005 Wyeth Consumer  
Mephenesin is a registered trademark of Wyeth Consumer  
Manufactured for: Medique Products, Wood Dale, Illinois 60191 USA  
1-800-634-7680

Respectfully Submitted

Harry L. Samuel  
Date:

DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER  
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Harry Samuel

Name (Print)

MHU 23,C,1,U

Housing Location

8-17-62

Date of Birth

201360

SBI Number

Date Submitted

Complaint (What type of problem are you having)? I received Injuries to my hand, wrist and shoulder while force to wear handcuffs during dental treatment. I seen the nurse for my injuries, and pain in my hand, wrist and shoulder. My pain continues. I need to see Doctor for my injuries and pain in my hand, wrist and shoulder.

Harry Samuel

Inmate Signature

6-12-06

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS****REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES****FACILITY: DELAWARE CORRECTIONAL CENTER**This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**Harry Samuel

Name (Print)

23, C, I, U

Housing Location

8-17-62

Date of Birth

201360

SBI Number

Date Submitted

Complaint (What type of problem are you having)? on about 9-7-04 I was put in Max at which time 9-7-04 I requested Dental care. on 11-2-04 I was handcuffed behind my back during Dental Treatment with TK KionKe the handcuffs and being handcuffed behind my back gave me injuries and pain to my hand, wrist, and shoulder I need to see Doctor it got worst.

Harry L. Samuel

Inmate Signature

9-30-2005

Date

The below area is for medical use only. Please do not write any further.

S: my @wrist & shoulder hurt - I was cuffed behind my back when I was in the dental chair -

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A: Full ROM on shoulder @ + @ wrist  
@ swelling - tenderness - Strength level grasps

P: ADVISED to apply warm compress

Nursing Protocol

E: nothing to my wrists - 1 Box KOP

Domaggette, RN

Provider Signature &amp; Title

10/5/05 10:30 AM

Date &amp; Time